

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Paboojan et al. Application No: 09/731,318 Confirmation No: 1028 Filed: December 6, 2000 Title: RECEPTACLES TO FACILITATE THE EXTRACTION OF POWDERS	Group Art Unit: 3734 Examiner: Mendoza, Michael G Attorney Docket No: 53246-US-CNT[2] (NV.50.01) November 13, 2012 San Francisco, CA 94107
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<p>Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450</p> <p>Via EFS</p> <p><input type="checkbox"/> Response to Non-Final Office Action <input type="checkbox"/> Response to Restriction/Election Requirement <input checked="" type="checkbox"/> Appeal Brief <input type="checkbox"/> Drawings (Formal) <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Preliminary Amendment</p>	<p>Extension of Time</p> <p><input checked="" type="checkbox"/> Applicant requests an extension of time under 37 C.F.R. 1.136</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="text-align: left; vertical-align: bottom;">Extension (Months)</th> <th colspan="2" style="text-align: center; border-bottom: 1px solid black;">Extension Fee</th> </tr> <tr> <th style="text-align: center;">Large Entity</th> <th style="text-align: center;">Small Entity</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; vertical-align: top;"><input type="checkbox"/> One Month</td> <td style="text-align: center; vertical-align: top;">\$150.00</td> <td style="text-align: center; vertical-align: top;">\$75.00</td> </tr> <tr> <td style="text-align: left; vertical-align: top;"><input checked="" type="checkbox"/> Two Months</td> <td style="text-align: center; vertical-align: top;">\$570.00</td> <td style="text-align: center; vertical-align: top;">\$285.00</td> </tr> <tr> <td style="text-align: left; vertical-align: top;"><input type="checkbox"/> Three Months</td> <td style="text-align: center; vertical-align: top;">\$1,290.00</td> <td style="text-align: center; vertical-align: top;">\$645.00</td> </tr> <tr> <td align="right" colspan="3" style="padding-top: 5px;">Total \$ 570.00</td> </tr> <tr> <td align="center" colspan="3" style="padding-top: 5px;"> <input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time. </td> </tr> </tbody> </table>			Extension (Months)	Extension Fee		Large Entity	Small Entity	<input type="checkbox"/> One Month	\$150.00	\$75.00	<input checked="" type="checkbox"/> Two Months	\$570.00	\$285.00	<input type="checkbox"/> Three Months	\$1,290.00	\$645.00	Total \$ 570.00			<input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		
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Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	18	34	0	\$62.00	\$31.00	\$0.00
Independent Claims	3	3	0	\$250.00	\$125.00	\$0.00
Multiple Dependent Claims			0	\$460.00	\$230.00	\$0.00
Information Disclosure Statement						
						Total
						\$0.00

Fee Payment		Fee Deficiency
Extension of Time	\$570.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0259</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .
Fee for Appeal Brief	\$630.00	
Total	\$1200.00	
<input type="checkbox"/> Attached is check no. _____ in the sum of <u>\$0.00</u> . <input checked="" type="checkbox"/> Please charge Deposit Account No. 10-0258 in the sum of \$1200.00 .		Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please continue to send correspondence to: NOVARTIS Corporate Intellectual Property One Health Plaza 101/2 East Hanover, NJ 07936-1080
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to (571) 273-8300, or electronically submitted via EFS on the date shown below:		
Respectfully Submitted, By: <u>/Libby Wilke/</u> Libby Wilke		
Date: <u>November 13, 2012</u>		
By: <u>/Guy V. Tucker/</u> Guy V. Tucker Registration No. 45,302		
Date: <u>November 13, 2012</u>		